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To whom it may be concerned;

When it was originally drafted, laws were enacted to extend patient care without sacrificing quality as the demands for medical care are increasing with greater loads associated with populations, aging, and complexity in medical care. **These laws recognized the qualities of observation, perception, medical and pharmacologic training, care, experience and follow up by Nurse Practitioners.** Time has proven this law to be highly valid in securing the abilities of CRNPs with patients. In fact, and practitioners have gained significant confidence in this system, in extending the quality of care to a diversity of patients. Time has also proven that these laws need to be amended to extend these levels of care in under represented areas in the medical community.

Rural Practice, Planned Parenthood and Other Areas of Medical Practitioner Under-Representation

While it is the overall objective for a uniform level of patient care to be available in all communities and populations throughout the country, the reality is that certain practices and disciplines are under represented by MDs. This over-whelms the few rural practitioners there are, or forces patients to travel significant distances to urban centers, or forgo crucial medical care that puts patients (and families) at risk for in the absence of established preventative, routine and early intervention practices. These early programs are well proven to **save countless lives and costs** as well as preventing over-burdening the health care systems of emergency rooms and metropolitan health centers. In these areas of under-representation, with a well established track record of effectiveness, it is prudent to amend the laws of MD to CRNP ratio from 1:4 to 1:12.

Quality of Care

Under the proposed law revisions, quality of care for patients will **increase** given the increase in the number of highly qualified Nurse Practitioners available for a set number of MDs. Secondly, the level of care is well established and proven by CRNPs. Third, these standards are held in check by the established Boards for CRNPs- changing the ratio of MD to CRNPs **does not** lower these standards.

Sincerely,

John B. Tukey

John B. Tukey DVM